OFFICIAL BID FORM

IFB #:	DATE:
COMPANY NAME:	
ADDRESS:	
AUTHORIZED CONTACT (print):	
AUTHORIZED CONTACT (signature):	
CONTACT PHONE:	EMAIL:
"Snowbirds": "Per Unit" cost:	·
Total cost:	
Total Price For Scope Of Work: (Include total cost of "snowb	pirds" in Scope total)
Add-Alternate: Replacement of Gut	tters & Downspouts:
"Per Linear Foot" cost to replace ro	otten deck wood:
Anticipated Starting Date For This P	roject:
Number Of Consecutive Days Estima	ated To Complete This Project:
Estimated Completion Date:	
Please Acknowledge Receipt Of Eacl	h Addendum (If Any) By Writing The Date Of Each Below:

REFERENCES

Each bidder must provide the name, address, telephone number and contact person for at least three (3) other firms or government agencies for whom this type of work has been performed in the past twelve (12) months. *Bid packages returned without this completed form will be considered as being incomplete and the bidder will be disqualified.*

Reference #1	
Company Name:	
Address:	
Phone:	
Contact Person:	
Reference #2	
Company Name:	
Address:	
Phone:	
Contact Person:	
Reference #3	
Company Name:	
Address:	
Phone:	
Contact Person:	